ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	22203	6-2-99
O.I.P.E. CLASSIFIER		16	6499
F RMALITY REVIEW	RR	7029	6-14-99

INDEX OF CLAIMS

✔	.... Rejected	N	....	Non-elected
=	.... Allowed	I	....	Interference
—	(Through numeral)... Canceled	A	....	Appeal
÷	.... Restricted	O	....	Objected

Claim		Date								Claim		Date								Claim		Date							
Final	Original	7/22/99	1/5/00	3/22/04						Final	Original									Final	Original								
	1	✔	✔	10							51										101								
	2	✔	✔	||						52										102								
	3	✔	✔	||						53										103								
	4	✔									54										104								
	5	✔	✔								55										105								
	6	✔									56										106								
	7	✔	✔	=							57										107								
	8	✔	✔	=							58										108								
	9	✔	✔	=							59										109								
	10	✔	✔								60										110								
	11	✔	✔								61										111								
	12	✔	✔								62										112								
	13	✔	✔								63										113								
	14	✔	✔								64										114								
	15	✔	✔								65										115								
	16	✔	✔								66										116								
	17	✔	✔								67										117								
	18	✔	✔								68										118								
	19	✔									69										119								
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	47										97										147								
	48										98										148								
	49										99										149								
	50										100										150								

If more than 150 claims or 10 actions
staple additional sheet here

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